

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/720892

FILED

APPLICANT

09/743892

CLAIMS

CLAIM NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
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TOTAL D.	1					
TOTAL EP.	1	↓	↓	↓	↓	↓
TOTAL AIMS	2	↓	↓	↓	↓	↓

CLAIM NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS			↓		↓	

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